

P15000097502

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 JUL 15 AM 8:15

JUL 25 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2016

CLYDE WILLIAMS PA  
20562 NW 10TH AVENUE  
MIAMI, FL 33169 US

SUBJECT: CLYDE R. WILLIAMS, PA  
Ref. Number: P15000097502

We have received your document for CLYDE R. WILLIAMS, PA and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 116A00014105

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CLYDE R. WILLIAMS P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P15000097502

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLYDE WILLIAMS  
Name of Contact Person

CLYDE R WILLIAMS P.A.  
Firm/Company

20562 NW 10th Avenue  
Address

Miami Florida 33169  
City/State and Zip Code

clydewill245@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLYDE WILLIAMS at (954) 648 3187  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

6 JUL 18 PM 5:11  
CR2E005 (03/12)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CLYDE - R. WILLIAMS P.A.
2. The principal office address: 20562 NW 10th Avenue Miami  
Florida 33169
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/01/2016 Document number: P15000097502
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company  
1201 Hays Street  
Tallahassee FL 32301

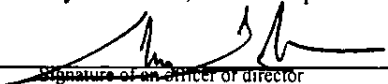
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CLYDE WILLIAMS  
20562 NW 10th Avenue  
P.O. Box NOT acceptable  
Miami FL 33169

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 JUL 15 AM 8:15

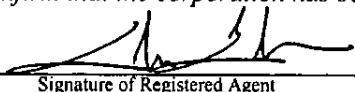
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

CLYDE WILLIAMS - DIRECTOR  
\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

07/13/2016  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)